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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/834,307 – Conf. #3036
Filing Date	April 12, 2001
First Named Inventor	Richard J. WHITBOURNE
Art Unit	1618
Examiner Name	M.P. Young
Attorney Docket Number	32286-192724

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Request for Continued Examination (RCE)	<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Inventor Declaration	<input type="checkbox"/> Request for Corrected Filing Receipt	
<input checked="" type="checkbox"/> Information Disclosure Statement, PTO/SB/08A (4 Refs.)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Claim for Priority and Certified Document	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Copy of Notice to File Missing Parts	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Assignment		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	VENABLE LLP		
Signature			
Printed name	Michael A. Gollin		
Date	4/18/07	Reg. No.	31,957

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** **\$1,475.00**

Complete if Known	
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### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: **22-0261** Deposit Account Name: **Venable LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
_____	- 20 = _____	x _____	= _____	Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
_____	- 3 = _____	x _____	= _____	Fee (\$)	Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/50 (round up to a whole number) x _____	= _____	Fee (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Request for Continued Examination (RCE) Fee	\$ 395.00
Five-Month Extension of Time Fee	\$1,080.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		31,957	(202) 344-4000
Name (Print/Type)	Michael A. Gollin	Date	4/18/02

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